# M1800000 1337

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Drew GAVE						
AUTHORIZATION BY PHONE NO						
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N CULLIGAN AUG - 9 2018

### COVER LETTER

	stration Section ion of Corporation	ns						
SUBJECT:	Annmarie Gianni S	kin Care, LLC						
SUBJECT: _	<del></del>	Name of	Limited Liability (	Company				
					ansact Business in Florida," Certif y company to transact business in			
Please return all correspondence concerning this matter to the following:								
	Rachel Pachiva	as						
	Name of Person							
	Annmarie Gianni Skin Care, LLC							
	Firm/Company							
	821 Bancroft Way							
	Address							
	Berkeley, CA	94710						
	City/State and Zip Code							
	rachel@annmariegianni.com							
E-mail address: (to be used for future annual report notification)								
For further inf	ormation concerning	g this matter, please call:						
Drew Smith		617 at (						
	Name	of Contact Person	Area Code	Day	rtime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	check for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifica of Status & Certified Copy	te		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY/TO/TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Annmarie Gianni Skin (Name of Foreign		mited Liability Company," "L.L.C.," or "LLC.")	<del> </del>					
	aine adopted for the purpose of transacting business w	n Florida. The alternate name must include "Limited Limi	bility Company," "L.L.C," or "LLC.")					
2. CA (Jurisdiction under the law of w	nich foreign limited liability company is organized)		per, if applicable)					
			£ 2					
4.	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)	TLE SEC					
821 Ran	(See sections 605,0904 & 605,0905, F.S. to de		AUG:					
5. (Street Address of I	Tincipal Office)	6. N/A (Mailing Add	(ress) S H					
Berkeley	CA 94710		-7 SE					
			T 2 17 1					
7. Name and street address	s of Florida registered agent: (P.O. I	Box NOT acceptable)	1.08107. 1.108107. 1.1.1.1.					
Name:	Corporation Service Company		π'' <b>ω</b>					
	1201 Union Change	<del></del>						
Office Address:	1201 Hays Street							
	Tallahassee	, Florida 32301	<del> </del>					
Registered agent's accep	(City)	(Zip cod	lc)					
	s of my position as registered agent.	per and complete performance of my	<u> </u>					
8. The name, title or capa	acity and address of the person(s) who	o has/have authority to manage is/are:						
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:					
CEO	Kevin Gianni	COO	Rachel Pachivas					
	821 Bancroft Way Berkeley, CA 94710		821 Bancroft Way Berkeley, CA 94710					
		<del></del>						
(Use attachments if neces	sary)							
	of which it is organized. (If the certif	eld, duly authenticated by the official hat icate is in a foreign language, a translat						
		0203 (1) (b), Florida Statutes. I am awai a third degree felony as provided for in	<del>-</del>					
Signature of an authorized person								
Organica VI an anatorizado person								
	Drew Smith							
Typed or printed name of signee								

#### State of California

#### Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ANNMARIE GIANNI SKIN CARE, LLC

FILE NUMBER:

201111210107

FORMATION DATE:

04/21/2011

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 28, 2018.

ALEX PADILLA
Secretary of State